Technology-Enabled Quality Improvement: Strategies for Success

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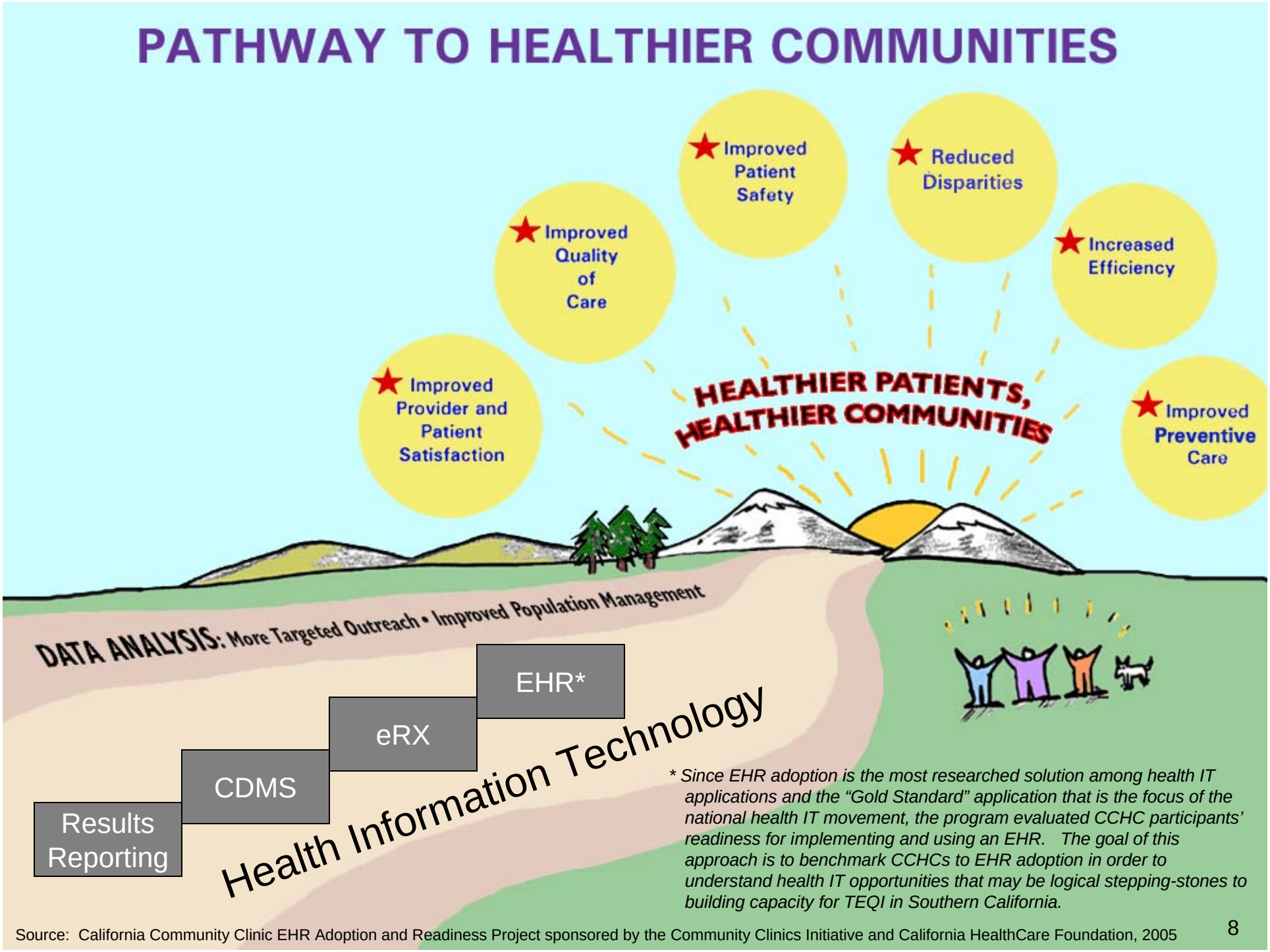
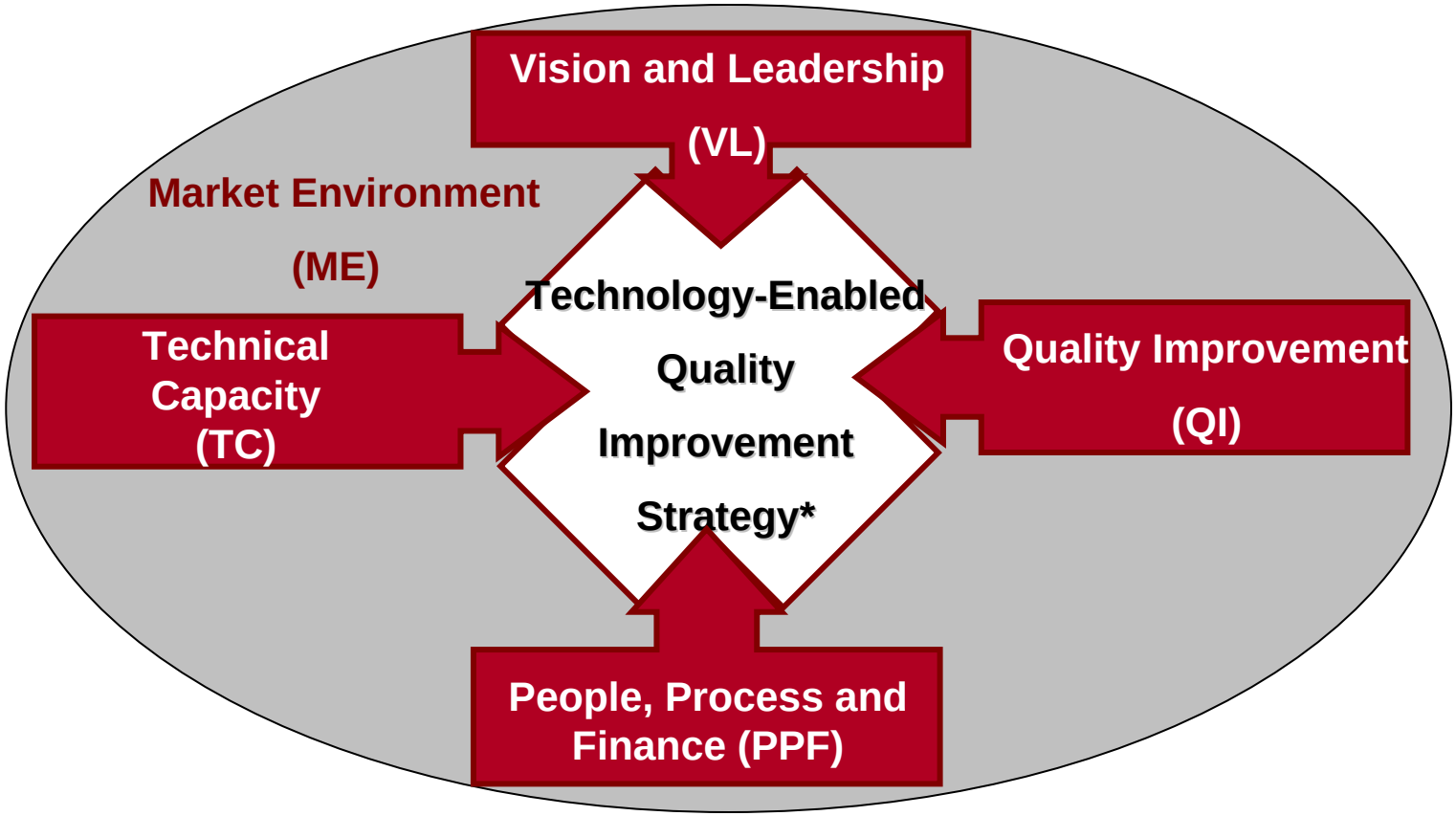
PATHWAY TO HEALTHIER COMMUNITIES



** Since EHR adoption is the most researched solution among health IT applications and the "Gold Standard" application that is the focus of the national health IT movement, the program evaluated CCHC participants' readiness for implementing and using an EHR. The goal of this approach is to benchmark CCHCs to EHR adoption in order to understand health IT opportunities that may be logical stepping-stones to building capacity for TEQI in Southern California.*

Source: California Community Clinic EHR Adoption and Readiness Project sponsored by the Community Clinics Initiative and California HealthCare Foundation, 2005

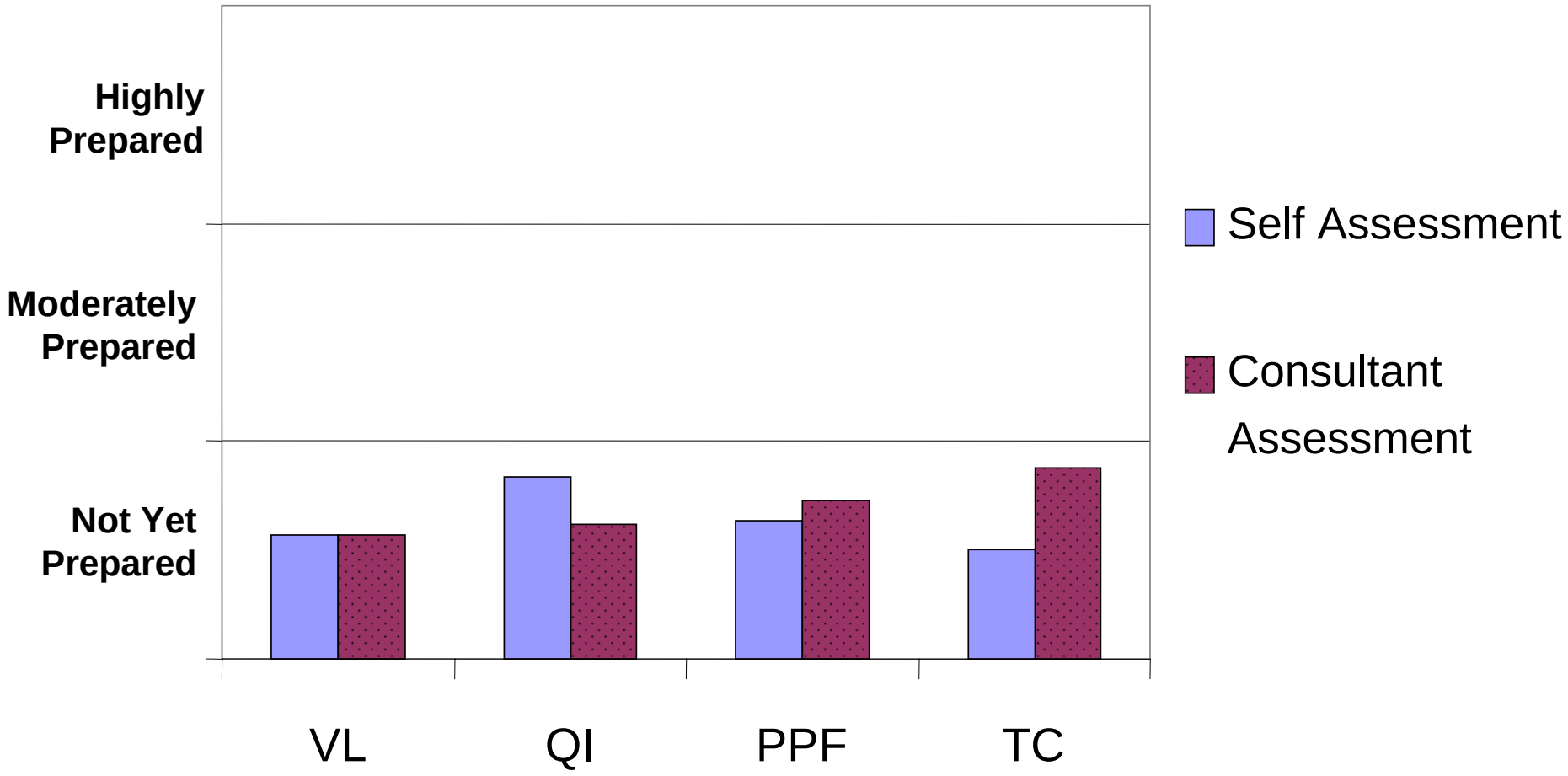
CCHC Assessment Approach



Highly Prepared	**Has solid understanding of this dimension**
Moderately Prepared	**Needs improvement in this area**
Not Yet Prepared	**Requires recommendations and focused plan**

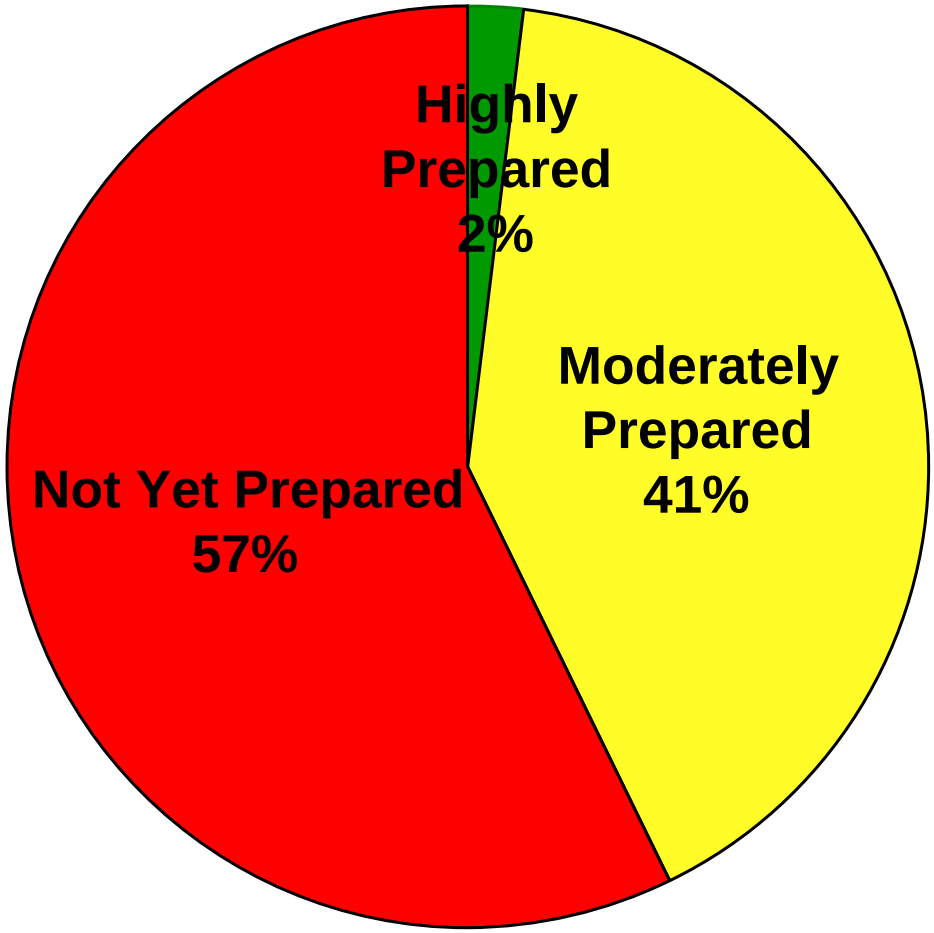
The Clinic Assessment Toolkit was developed by Object Health (www.objecthealth.com) specifically for the California Community Clinic EHR Assessment and Readiness project, co-sponsored by the California HealthCare Foundation (www.chcf.org) and Community Clinics Initiative of Tides (www.communityclinics.org).

Self Assessment vs. Consultant Assessment



On average, Self Assessment and Consultant Assessment profile levels were closely aligned.

Consultant Assessment of EHR Readiness across Field



N = 50

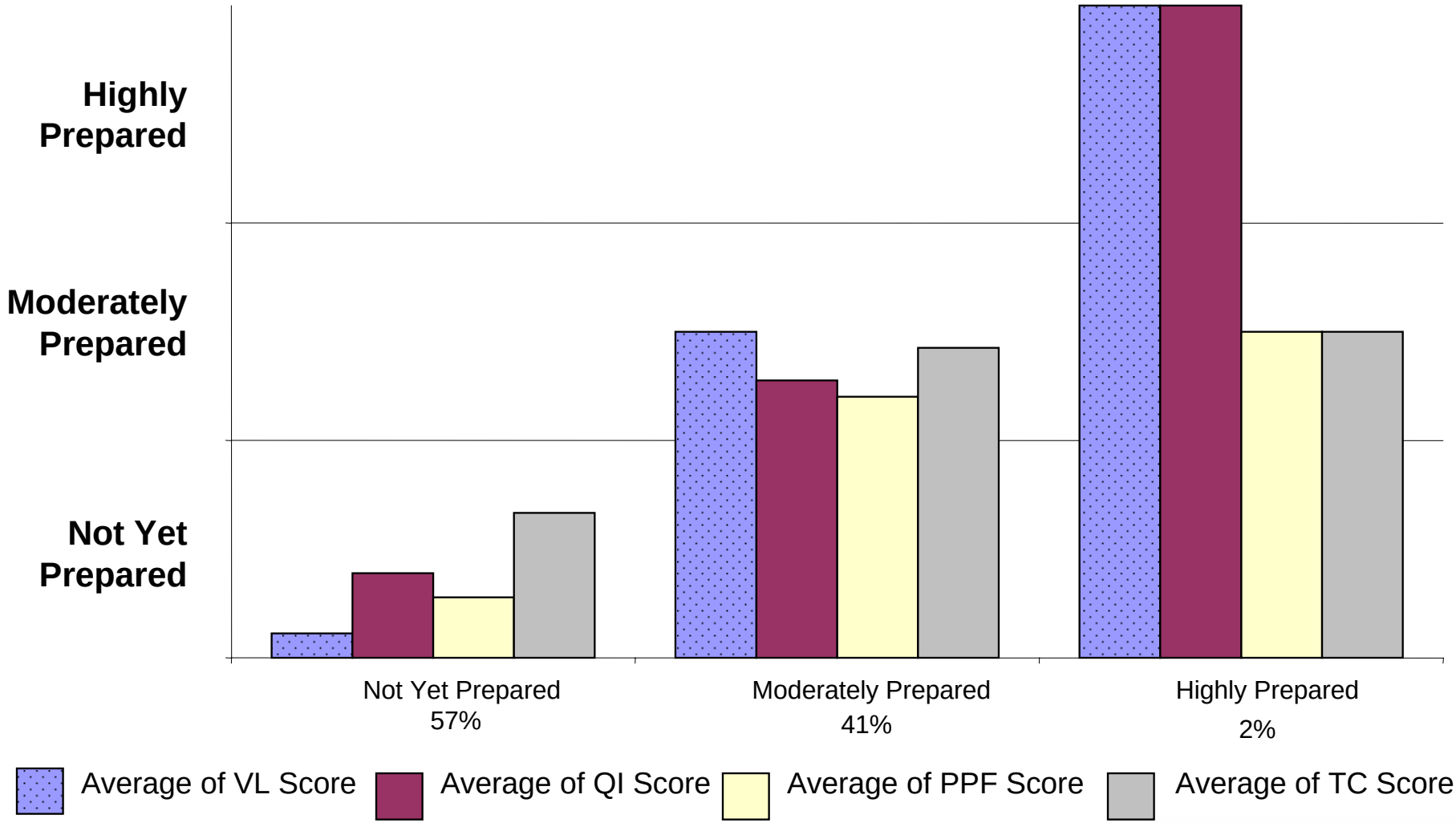
If the EHR truck pulled up to your door tomorrow, what would your clinic do?
– BCCQ Team Member

Key Findings

Almost half the field is moderately prepared for EHR adoption.

This indicates that there may be strong preparedness for less complex health information technologies to achieve quality improvement goals and progress down the pathway.

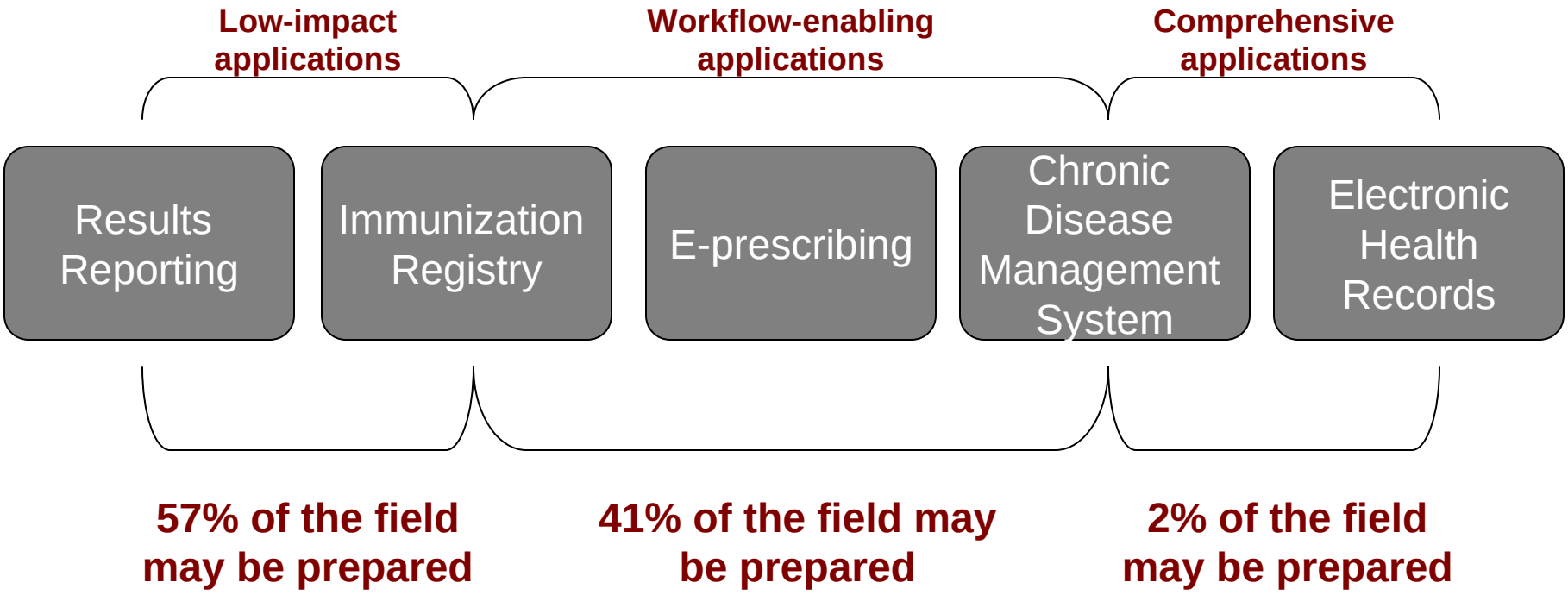
Readiness Profile Averages for Field-level EHR Assessment



Building Clinic Capacity for Quality in Southern California

Kaiser Permanente • L.A. Care Health Plan • UniHealth Foundation

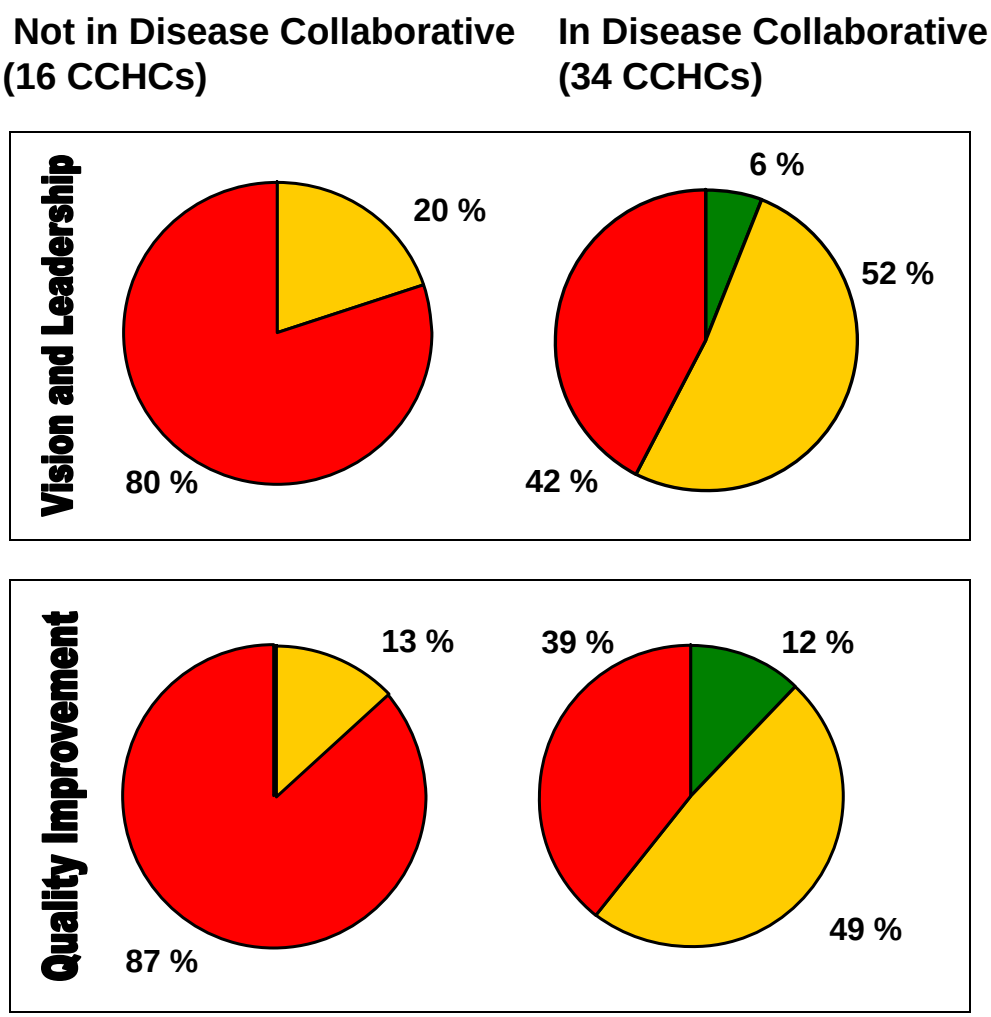
Field Preparedness by Health IT Application



Key Findings

The majority of the field is moderately or less prepared for EHR adoption today. However, readiness for incremental or "stepping stone" functionality is promising based assessment results.

Disease Collaboration Impact on Vision/Leadership and Quality Improvement



Key Findings

- Impact on Vision and Leadership and Quality Improvement is significant
- Impact on People, Process, Finance and Technology Capacity was not as significant

Highly Prepared

Moderately Prepared

Not Yet Prepared

N = 50

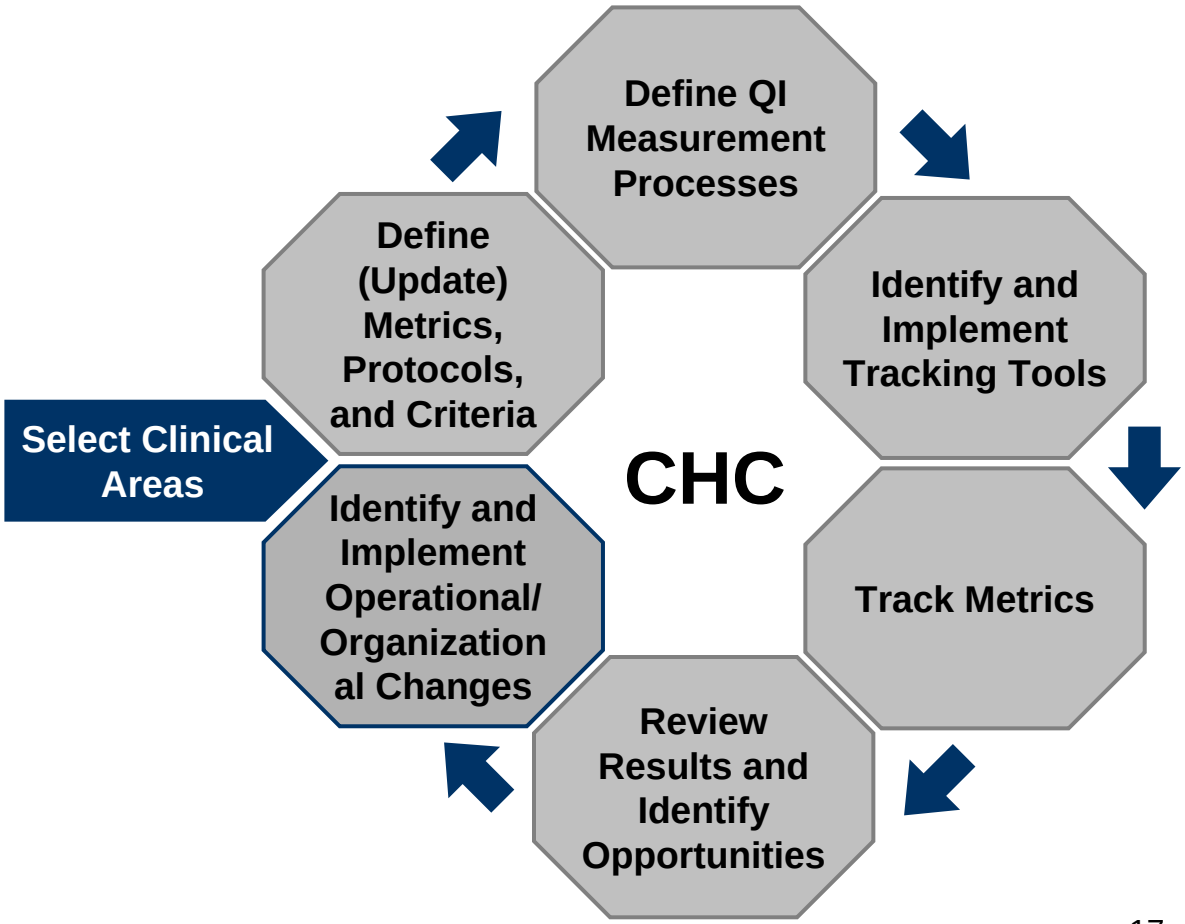
Quality Assurance vs. Quality Improvement

Quality Assurance

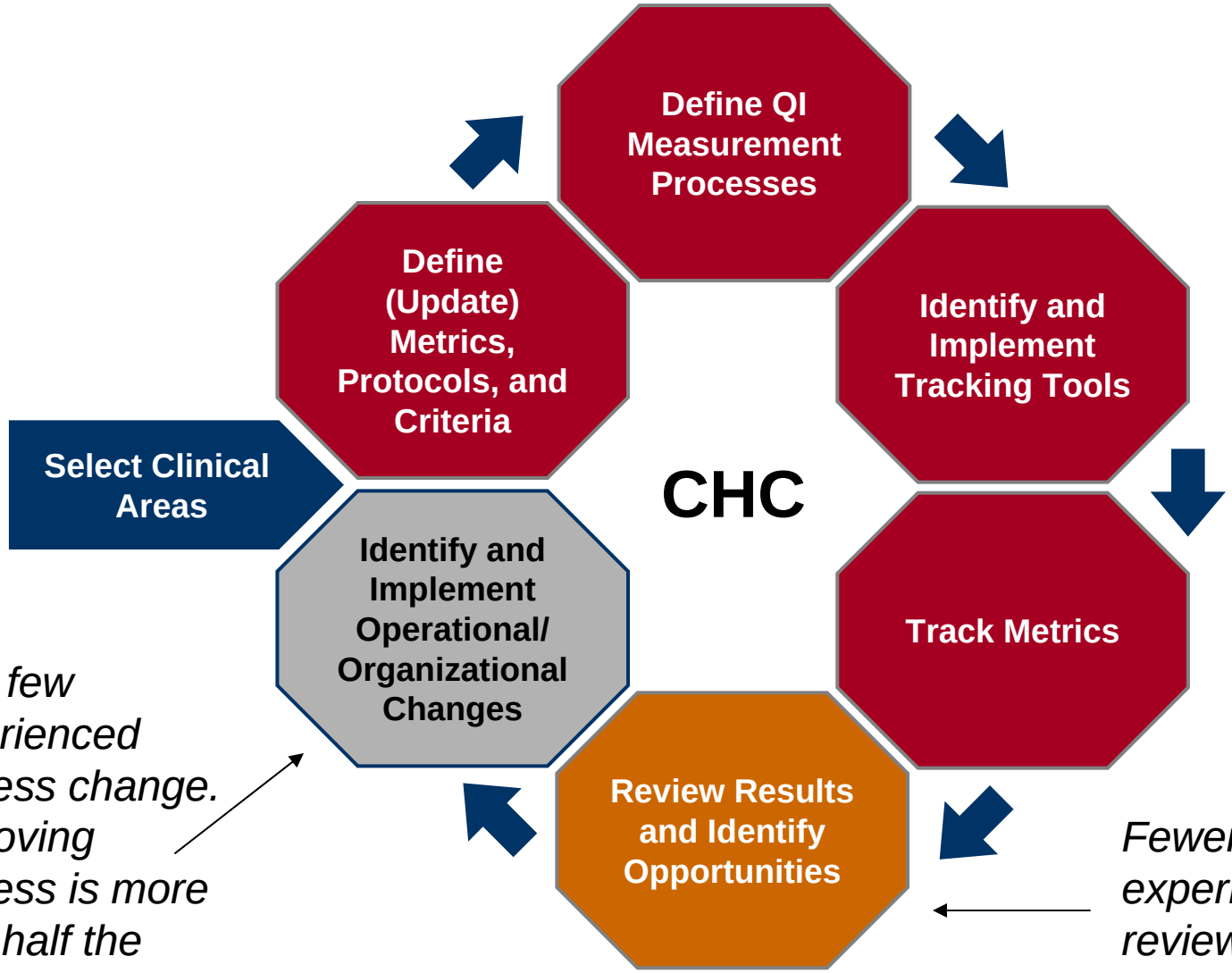
- Retrospective chart review
- Peer review
- Credentialing

Title XXII

Quality Improvement



68% of the Field has experience with part of the process in at least 1 disease state

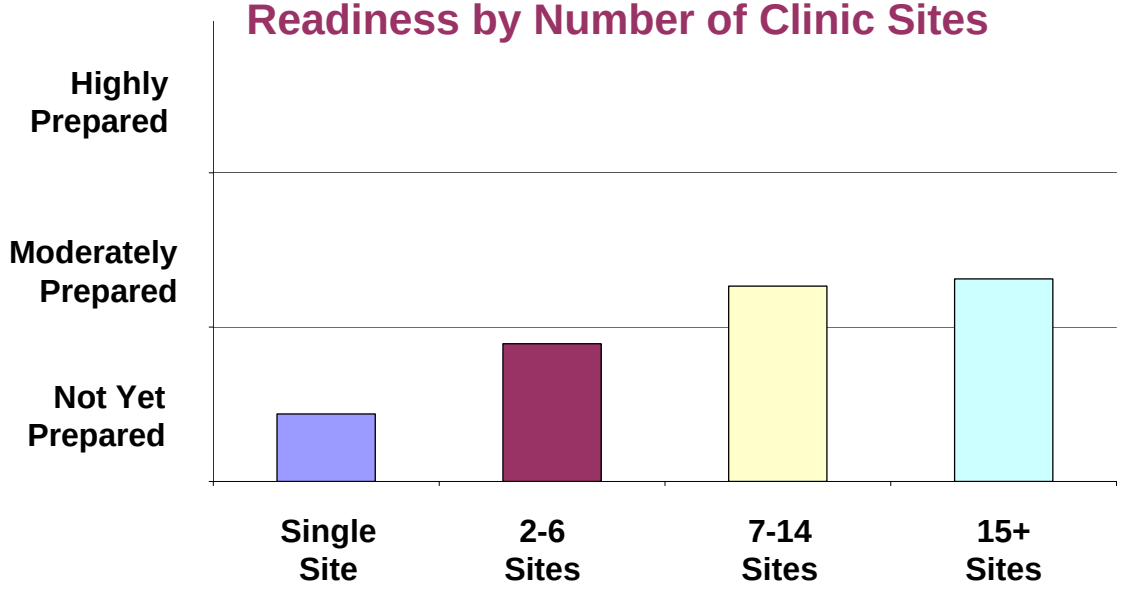


Very few experienced process change. Improving process is more than half the battle.

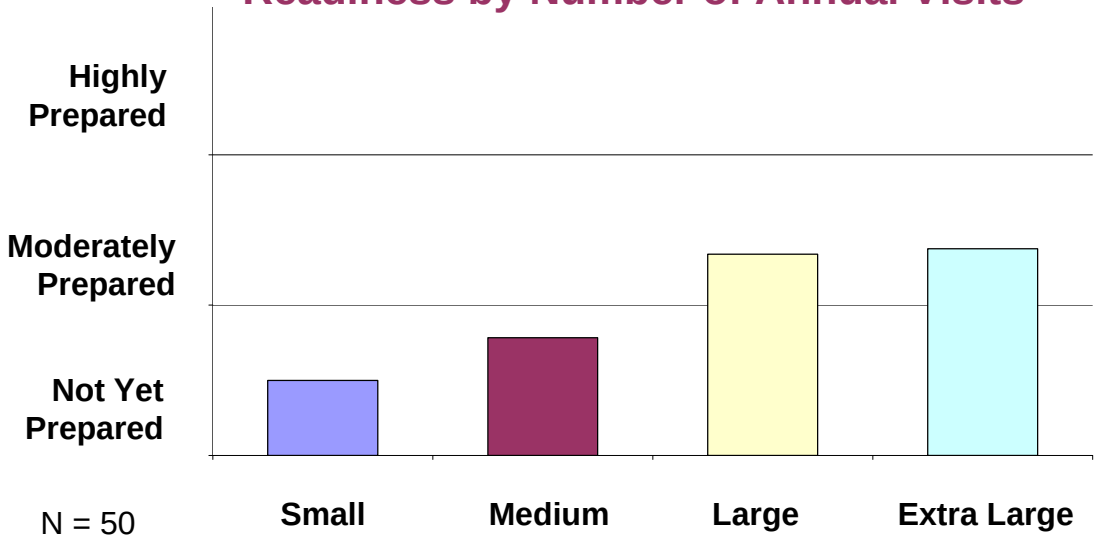
Fewer have experienced results review and opportunity identification

Readiness by Clinic Size

Readiness by Number of Clinic Sites



Readiness by Number of Annual Visits



N = 50

Key Findings

- **Larger CCHC corporations may be better prepared**
- **CCHCs may plateau in economies of scale, or may have difficulty maintaining consistency across multiple sites**
- **Larger CCHCs may be more prepared due to additional infrastructure and incorporation of IT into daily operations.**

Small: Up to 20,000
Medium: 20,001 to 100,000
Large: 100,001 to 200,000
Extra Large: 200,001+

BCCQ Design Principles for Phase 2

1	**Health information technology use is critical** to achieving widespread quality improvement
2	**Incremental health IT** applications that are integrated into clinical workflow move the field toward interoperable electronic health records
3	**Interdisciplinary leadership** is necessary to practice technology-enabled quality improvement
4	**Standardization of quality measurement** is key to monitoring population health effectively
5	**Clinical practice improvement** is a key component to optimizing patient health outcomes
6	Other **resources** (i.e. capital or operational) as well as **use/performance incentives** are necessary for achieving improved outcomes
7	**Networks and collaborative infrastructure** offer economies of scale

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Strategic Framework

Principles

- Technology solutions should be replicable, scalable and interoperable
- Organizational change is key to success
- Health care is delivered along a continuum of care providers
- Networks and collaborative infrastructures offer economies of scale

Vision

Widespread adoption and use of health IT directly contributes to the reduction of disparities, increased access and improvement of health quality outcomes for California's uninsured and underinsured.

Purpose

Create common principles and objectives to guide California foundations and other public and private funding organizations to support and leverage technology-enabled quality improvement initiatives within and among community health clinics and health centers.

Goals

- Improved alignment of funds and avoidance of duplicative efforts
- Increased access to funds targeted for technology-enabled improvement efforts
- Enhanced communication and dissemination of innovations, best practices and lessons learned

Objectives

1. Advance Clinic Readiness
- o Strategies:
  - Develop executive and clinical leadership
  - Align organization with health IT goals and objectives
  - Improve operational and technical infrastructure

2. Spread Success and Avoid Repeat Failures
- o Strategies:
  - Create and disseminate models and best practices for health IT adoption
  - Embrace early adopters
  - Ensure that investments adhere to industry-wide standards

3. Promote Consumer-centric Care
- o Strategies
  - Facilitate patient self-management
  - Promote culturally competent care
  - Ensure secure and private consumer data
  - Drive consumer education

4. Foster Communities of Care
- o Strategies:
  - Support community clinic regional consortia
  - Enable regional or community based initiatives
  - Create virtual care communities

5. Attain Quality Improvement Goals
- o Strategies
  - Improve population-based care management
  - Enable preventive care and decision support
  - Coordinate measurement efforts

6. Achieve Sustainability
- o Strategies:
  - Diversify revenue sources
  - Advocate and inform to offset health IT investment

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BCCQ Recommendations and Strategies		Alignment with Health Funders' Strategy Project Objectives				
		Advance Clinic Readiness	**Spread Success and Avoid Repeat Failures**	**Foster Communities of Care**	**Align Quality Initiatives**	**Achieve Sustainability**
#1 Increase understanding, education and adoption of TEQI	A. Achieve a common understanding and practice of Quality Improvement	✓	✓			
	B. Develop executive and clinical leadership in support of technology-enabled quality improvement (TEQI).	✓	✓			
	C. Inform industry groups and legislative policy about TEQI goals and challenges.					✓
#2 Provide programs and process guidance to support TEQI	A. Create a field-wide comprehensive TEQI program to build capacity in key areas.	✓	✓		✓	
	B. Provide process guidance that supports TEQI including toolsets and technical assistance.	✓	✓			
	C. Enable assistance with basic needs necessary for TEQI	✓				
#3 Promote collaborative opportunities to enable TEQI	A. Encourage new partnerships to leverage current activity in the health care industry.			✓	✓	
	B. Encourage direct leadership and TEQI service provision by consortia.			✓	✓	✓
	C. Convene leaders on application of new Stark law provisions to enable collaborative approaches.			✓		